| | _ |
|------|-----|
| Dana | - 3 |
| Laxe | , |

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | |
|---|---|-------------------------------|------------------------|--------------------------|--|
| Groveport Madison Committee for I | Better Scho | ols | | | |
| Full Name of Contributor | | | Registration Number, i | If PAC | |
| Susan Moore | | | | | |
| Street Address | Employer/Or | ecupation/Labor Organization* | | Form (Cash, Check, etc.) | |
| 5075 Cherry Blossom Drive | | | | Check | |
| City | State | Zip Code | M D Y | Amount | |
| Groveport | | H 43125 | 0 2 2 8 1 | 6.00 | |
| Full Name of Contributor | | | Registration Number, i | f PAC | |
| Ricart | | | | | |
| Street Address | Employer/Oc | ecupation/Labor Organization* | <u> </u> | Form (Cash, Check, etc.) | |
| PO Box 27130 | • | | | Check | |
| City | State | Zip Code | M D Y | | |
| Columbus | | H 43227 | 0 3 0 4 1 | 100.00 | |
| Full Name of Contributor | | . ' | Registration Number, i | | |
| William Kirby | | | | | |
| Street Address | Employer/Oc | ccupation/Labor Organization* | | Form (Cash, Check, etc.) | |
| 1790 Zuber Road | | | • | Check | |
| City | State | Zip Code | M D Y | | |
| Grove City | 011 | H 43123 | 0 3 1 1 1 | 50.00 | |
| Full Name of Contributor | | 10120 | Registration Number, i | | |
| Alan Blake | | | | | |
| Street Address | Employer/O | ccupation/Labor Organization* | k | Form (Cash. Check. etc.) | |
| 67 Bohyer Avenue | Employer occupanous Labor Organization | | | Check | |
| City | State | Zip Code | M D Y | | |
| Pataskala | 1 | H 43062 | 0 3 0 7 1 | 50.00 | |
| Full Name of Contributor | 101 | 1 45002 | Registration Number, i | | |
| Anna Harmon | | | | | |
| Street Address | Employer/O | ecupation/Labor Organization* | <u> </u> | Form (Cash. Check. etc.) | |
| 4151 Parviewlake Drive | | | | Check | |
| City | State | Zip Code | M D Y | | |
| Columbus | I | H 43207 | 0 3 1 1 1 | 10.00 | |
| Full Name of Contributor | 101 | 43207 | Registration Number. | | |
| Rodney Dickerson | | | | | |
| Street Address | Employer/Or | ccupation/Labor Organization* | | Form (Cash, Check, etc.) | |
| 220 Harbinger Drive | Z.i.p.ioyu.ro | topadoia catori Organization | | Check | |
| City | State | Zip Code | M D Y | | |
| 1 • | | H 43125 | 0 3 1 1 1 | | |
| Groveport Full Name of Contributor | 101 | 43123 | Registration Number, i | | |
| | | | Regisdagon (valider,) | u rac | |
| Bepler Enterprises, Inc. Street Address Employer/Occupation/Labor Organization* Form (Cash. Check. etc.) | | | | | |
| | Етфюует/О | reupanon/Labor Organization* | | Form (Cash, Check, etc.) | |
| 3246 Noe Bixby Road Suite C | 5 | 7:- C-4- | lu In In | Check | |
| City | State | Zip Code H 43232 | M D Y | | |
| Columbus | 0 | H 43232 | | | |
| Full Name of Contributor Registration Number, if PAC | | | | | |
| Bepler Insurance | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| 3246 Noe Bixby Road | | Jer e i | 1 1 - 1 - | Check | |
| City | State | Zip Code | M D Y | | |
| Columbus | 01 | H 43232 | 0 3 1 1 1 | 4 100.00 | |

Page Total S 466.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear, [R.C. 3517.10(B)(4)]